

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

34 County Douglas
 Township Benton
 City Osage Beach (No. 1000)

Registration District No. 272
 Primary Registration District No. 5379

File No. 5709
 Registered No. 123
 St. _____ Ward _____

2. FULL NAME

Bessie May Riner Ryan
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Riner 1904
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1893
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 33 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME John Pruitt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken15. MAIDEN NAME Delamie Rutter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Barney Pruitt18. BURIAL, CREMATION, OR REMOVAL PLACE Ava Cemetery DATE 2-22, 193719. UNDERTAKER (ADDRESS) Fineale20. FILED 3-8, 1937 Henry Barker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 193722. I HEREBY CERTIFY. That I attended deceased from Feb 10, 1937, to Feb 21, 1937I last saw him alive on Feb. 20, 1937. Death is saidto have occurred on the date stated above, at 80 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset Nov 1904
General atrophy

Other contributory causes of importance: General atrophy Feb 10-37Name of operation chronic Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R M Norman, M. D.(Address) Ava 7th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

